

The future will hold many new discoveries and changes of practice for genetic testing. The field is relatively new and always changing. Physicians, scientists, and public health professionals should always be prepared to accept new ideas, treatment options, and philosophies. Courses on ethics and genetics should be introduced into the curriculum for physicians and public health officials. The University of Michigan's Interdepartmental Concentration in Genetics in the School of Public Health has already introduced a class entitled Issues in public health genetics, and offers a model for other universities to follow.<sup>1</sup> Because more and more discoveries will be made in this field, physicians will need to be adequately trained in genetics and genetic counselling. Training should include continuing education after the physician is in practice. This education is important both because genetic testing is increasing, and the availability of genetic counsellors is limited and costly. This training would allow physicians to discuss issues with their patients in a manner that does not disrespect patient's rights. The patient may not know of risks to their families and the consequences of not telling them. Finally, if the physician is trained in genetic counselling, genetics, and ethics, he can help the patient to make a fully informed decision and to feel comfortable with properly defending that decision with regard to the rights of the patient herself and also to the rights of those affected by the patient's decision.

#### Authors' affiliations

**K G Fulda**, Department of Biostatistics, School of Public Health, University of North Texas Health Science Center, Fort Worth, USA  
**K Lykens**, Department of Health Management and Policy, School of Public Health, University of North Texas Health Science Center, Fort Worth, USA

#### REFERENCES

- 1 **Modell SM**, Citrin T. Ethics instruction in an issues oriented course on public health genetics. *Health Educ Behav* 2002;**29**:43–60.
- 2 **Brannigan MC**, Boss JA. *Healthcare ethics in a diverse society*. Mountain View, CA: Mayfield Publishing Company, 2001:1–53.

- 3 **Grady C**. Ethics and genetic testing. *Adv Intern Med* 1999;**44**:389–411.
- 4 **Lombardo PA**. Facing Carrie Buck. *Hastings Cent Rep* 2003;**33**:14–17.
- 5 **American Civil Liberties Union**. Norplant: a new contraceptive with the potential for abuse. [www.aclu.org/ReproductiveRights/ReproductiveRights.cfm?ID=9053&c=225](http://www.aclu.org/ReproductiveRights/ReproductiveRights.cfm?ID=9053&c=225) (accessed 26 Jun 2005).
- 6 **Reilly PR**. Genetics of coronary health disease: current understanding and future projects. *Am Heart J* 2000;**140**:6–10S.
- 7 **Lapham EV**, **Kozma C**, **Weiss JO**. Genetic discrimination: perspectives of consumers. *Science* 1996;**274**:621–4.
- 8 **Matloff ET**, Shappell H, Brierley K, et al. What do you do? Specialists' perspectives on cancer genetic testing, prophylactic surgery, and insurance discrimination. *J Clin Oncol* 2000;**18**:2484–92.
- 9 **Gottlieb S**. US employer agrees to stop genetic testing. *BMJ* 2001;**322**:449.
- 10 **North Carolina Institute for Public Health**. The genomics revolution and public health. [www.sph.unc.edu/nccgph/phgenetics/burlington.htm](http://www.sph.unc.edu/nccgph/phgenetics/burlington.htm) (accessed 25 Jun 2005).
- 11 **Lachman PJ**. Public health and bioethics. *J Med Philos* 1998;**23**:297–302.
- 12 **Holtzman NA**. Genetic screening and public health. *Am J Public Health* 1997;**87**:1275–7.
- 13 **Holtzman NA**. Is public health ready for genetics? *Arch Pediatr Adolesc Med* 2001;**155**:117–18.
- 14 **Khoury MJ**, McCabe LL, McCabe ER. Population screening in the age of genomic medicine. *New Engl J Med* 2003;**348**:50–8.
- 15 **McCabe LL**, McCabe ER. Newborn screening as a model for population screening. *Molec Genet Metab* 2002;**75**:299–307.
- 16 **Texas Department of Health**. Bureaus of epidemiology. *Monitor* 2001;**7**:1–2.
- 17 **Grody WW**, Cutting G, Klinger K, et al. Laboratory standards and guidelines for population-based cystic fibrosis carrier screening. *Gen Med* 2001;**3**:149–54.
- 18 **Green MJ**, Botkin JR. "Genetic exceptionalism" in medicine: clarifying the differences between genetic and non-genetic tests. *Ann Intern Med* 2003;**138**:571–5.
- 19 **Plunkett KS**, Simpson JL. A general approach to genetic counseling. *Obstet Gynecol* 2002;**29**:265–76.
- 20 **Menasha JD**, Schechter C, William J. Genetic testing: a physician's perspective. *Mt Sinai J Med* 2000;**67**:144–57.
- 21 **Modell B**. Delivering genetic screening to the community. *Ann Med* 1997;**29**:591–9.
- 22 **Beauchamp DE**, Steinbock B, eds. *New ethics for the public's health*. Oxford: Oxford University Press, 1999:3–24.
- 23 **Kielstein R**, Hans-Martin S. Nephrology ethics forum. *Am J Kidney Dis* 2002;**39**:637–52.
- 24 **Botkin JR**. Fetal privacy and confidentiality. *Hastings Cent Rep* 1995;**25**:32–9.
- 25 **American Society of Human Genetics**. ASHG statement: professional disclosure of familial genetic information. *Am J Hum Genet* 1998;**62**:474–83.
- 26 **Khoury MJ**. From genes to public health: the applications of genetic technology in disease prevention. *Am J Public Health* 1996;**86**:1717–22.
- 27 **Sofair AN**, Kaldjian LC. Eugenic sterilisation and a qualified Nazi analogy: the United States and Germany, 1930–1945. *Ann Intern Med* 2000;**132**:312–19.

### 11th European Forum on Quality Improvement in Health Care

26–28 April 2006, Prague, Czech Republic  
 For further information please go to: [www.quality.bmjpub.com](http://www.quality.bmjpub.com)  
 Book early to benefit from a discounted delegate rate